

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/576625

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
4		3				
5		1				
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17		3				
18		0				
19	1					
20						
21		1				
22						
23						
24	1					
25		1				
26						
27		3				
28		3				
29	1					
30						
31	1					
32		1				
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48						
49						
50						
TOTAL IND.	7	↓		↓		↓
TOTAL DEP.	33	←		←		←
TOTAL CLAIMS	40					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						